

Leaf Home Benefits Guide

Your Health. Life. Future. Perks.



2023

2024



Welcome Home!

Here at Leaf, we want to make it as easy as possible for you to prioritize your health and wellness.

This is why we place a significant investment into our benefits program to ensure that you feel your best both inside and outside of the workplace. Our benefits package contains a variety of offerings to help you customize your benefits usage to best fit the needs of you and your family. Whether you're looking for standard healthcare offerings, planning for your future, or just looking for some fun discounts - there is something for everyone!

At Leaf, we promote an inclusive environment. Our benefits are no different! There is something for everyone to ensure that you, and your family, stay happy and healthy!

Peek inside to learn more about what Leaf can do to support you!

Stay Healthy,

The Leaf Home Benefits Team

Nicole Spisak, **Sr. Manager of Total Rewards**

Emily Aspenwall, **Benefits Coordinator**



YOURHEALTH.

MEDICAL
DENTAL
VISION
DISABILITY COVERAGE
HOSPITAL INDEMNITY
ACCIDENT
CRITICAL ILLNESS
FSA ACCOUNTS

YOURLIFE.

IDENTITY THEFT
PROTECTION
LEGAL COVERAGE
CHILDCARE DISCOUNT
HOLIDAYS, PTO + LEAVES
OF ABSENCE
EMPLOYEE ASSISTANCE
PROGRAM (EAP)

YOURFUTURE.

EMPLOYER PAID LIFE
VOLUNTARY LIFE PLANS
RETIREMENT SAVINGS
FINANCIAL WELLNESS

YOURPERKS.

UBER DISCOUNT
BENEFITHUB MARKETPLACE
PET INSURANCE
GYM REIMBURSEMENT
HUDSON FIELD SUPPORT
EXCLUSIVES

CARRIER CONTACTS
INTERNAL CONTACTS
LEGAL NOTICES



Your Health.

Important Information About Your Healthcare Plans

Important Enrollment Dates

Benefit Plan Year: July 1 - June 30 Annually

Open Enrollment: Approximately late May/early June annually, employees are notified via email.

New Hire Enrollment Eligibility: Eligible after 30 days of employment, new hire enrollment required within first 30 days - employees are notified via email.

Life Event: Changes can be made to your plan within 30 days of a life event occurrence (birth, adoption change in marital status, loss of coverage elsewhere, etc.). Changes must be made in UKG via Menu > Myself > Benefits > Manage My Benefits.

Contribution Rates Per Weekly Pay Period, Effective July 1, 2023

| WEEKLY EMPLOYEE DEDUCTIONS - COMPLETED WELLNESS PROGRAM | | | | |
|--|----------|-------------------|-----------------------|----------|
| | Employee | Employee & Spouse | Employee & Child(ren) | Family |
| Anthem Medical PPO All Eligible Employees | | | | |
| Employee Cost | \$0.00 | \$64.09 | \$39.21 | \$112.88 |
| Delta Dental PPO All Eligible Employees | | | | |
| Employee Cost | \$0.00 | \$2.35 | \$2.85 | \$5.75 |
| Lincoln Vision Connect All Eligible Employees | | | | |
| Employee Cost | \$0.00 | \$0.40 | \$0.50 | \$0.95 |
| WEEKLY EMPLOYEE DEDUCTIONS - DID NOT PARTICIPATE IN WELLNESS PROGRAM | | | | |
| | Employee | Employee & Spouse | Employee & Child(ren) | Family |
| Medical PPO All Eligible Employees | | | | |
| Employee Cost | \$25.00 | \$89.09 | \$64.20 | \$137.88 |
| Delta Dental PPO All Eligible Employees | | | | |
| Employee Cost | \$0.00 | \$2.35 | \$2.85 | \$5.75 |
| Lincoln Vision Connect All Eligible Employees | | | | |
| Employee Cost | \$0.00 | \$0.40 | \$0.50 | \$0.95 |

Working Spouse Provision

If your spouse is employed and has access to employer-subsidized medical coverage (meaning the employer pays any portion of the healthcare costs) through their employer, your spouse is not eligible for coverage under the Leaf Home plans. To determine if your spouse can be covered under the Leaf Home plans, please complete our Affidavit of Spousal Health Care Coverage which will be available for download during enrollment.

Your Health.



Medical

Leaf Home offers medical coverage via Anthem Blue Cross and Blue Shield. All full-time employees are eligible for this coverage after completing 30 days of employment.

In order to receive the highest benefit level and reduce your out-of-pocket expenses, please be sure to use an in-network provider whenever possible. If you choose an out-of-network provider, you will be responsible for balance billing.

Network Annual Deductible (1/1-12/31 Annually) **\$1,000** (individual) / **\$2,000** (family)

Network Annual Out-of-Pocket Maximum (1/1-12/31 Annually) **\$4,000** (individual) / **\$8,000** (family)

| Medical PPO All Employees | In-Network | Out-of-Network |
|--|--|--|
| Coinsurance | 80% unless otherwise noted below | 60% unless otherwise noted below |
| Physician's Office Visit | \$30 copay | 60% after deductible |
| Specialists Office Visit | \$50 copay | 60% after deductible |
| Preventive Care Services | 100% | 60% after deductible |
| Diagnostic X-Ray & Laboratory | 80% after deductible | 60% after deductible |
| Hospitalization | | |
| • Inpatient | 80% after deductible | 60% after deductible |
| • Outpatient | 80% after deductible | 60% after deductible |
| Emergency Room | \$250 copay, then 80% waived if admitted | \$250 copay, then 80% waived if admitted |
| Urgent Care | \$75 copay | 60% after deductible |
| Prescription Drugs (Retail) | | |
| • Generic | \$15 copay | 50% min \$80 |
| • Preferred Brand | \$40 copay | 50% min \$80 |
| • Non-Preferred Brand | \$80 copay | 50% min \$80 |
| • Specialty Pharmacy | 75% Coinsurance | 50% min \$80 |
| • Maximum Day Supply | 30 days | 30 days |
| Prescription Drugs (Mail Order) | | |
| • Generic | \$15 copay | Not covered |
| • Preferred Brand | \$100 copay | Not covered |
| • Non-Preferred Brand | \$200 copay | Not covered |
| • Specialty Pharmacy | 75% Coinsurance | Not covered |
| • Maximum Day Supply | 90 days | N/A |

Additional Prescription Drug Information

In the chart above, you will find a short summary of what you can expect to pay for a prescription drug, depending on which tier it falls under on the Anthem Essentials Drug List. To see full list and view potential costs, use the steps below:

- Go to <http://www.anthem.com/pharmacyinformation>
- Scroll to Formulary/Drug Lists section in the middle of the page and click on **Essential Drug List 4 - Tier**
- Enter the name of the drug in the search box and click **"Search"**

If your medication is not on the list, there may be brand alternative, generic equivalent, or over the counter (OTC) option.

Important Maintenance Prescription Drug Information

If you use a Maintenance Prescription Drug, one you take every day, week, or month, effective 7/1/2023 you will be required to order a 90-day supply of the drug through the mail order program or purchase a 90-day supply at CVS Pharmacy. Please see www.anthem.com/pharmacyinformation for more information.

Your Health.



Medical

No Cost Preventive Medications & Diabetic Supplies

Taking preventive medications as encouraged by your healthcare provider can help you avoid serious illness and high healthcare costs. We are continually improving our company pharmacy benefits and we are now including many preventive medications **AT NO COST TO YOU!** The drugs on our plan preventive medication list do not have a deductible and do not have a copay or coinsurance. For a complete listing of these medications, please visit <https://www.anthem.com/ca/ms/pharmacyinformation/home.html> and search **PreventiveRx Enhanced Drug List**.

Along with the maintenance medications covered under this program at no cost share, diabetic supplies are also covered as outlined. With a valid prescription, diabetic supplies including blood glucose meters, test strips, and lancets are covered if they are made by Lifescan & Roche.

Anthem Sydney Health App

Looking for an easy way to access your medical plan information? Anthem makes it easy with their **Sydney Health App!** By downloading the app, you'll have **24/7 access to your benefits, claims information, and ID cards** in the palm of your hand. You can also use Sydney to **locate in-network care near you, set up virtual visits, track your health, and more!** Scan the QR code below with your mobile device to get started.



Scan me to download Anthem's Sydney Health App!

LiveHealth Online

Have you ever wished that you could visit a physician from the comfort of your own home? Now you can! Anthem's LiveHealth online gives members 24/7 access to licenses and board certified physicians for urgent care consultations such as cold, flu, allergies, and other **non-emergent conditions**. Spend less time in waiting rooms, and more time on feeling better. You can utilize LiveHealth Online via <https://livehealthonline.com/> or by downloading the **mobile app** for your smartphone or other mobile device.



Your Health.



Leaf Home Wellness Program

It's no secret that medical expenses continue to rise each year. Leaf Home takes pride in maintaining industry-leading medical benefits coverage by providing great coverage plans at low cost or no cost. In fact, over the past five years medical insurance expenses have increased by an average 6% and Leaf has maintained no cost coverage for employee only plans. We want to continue to do so and, to meet this goal, we have designed a wellness program that allows participating employees to **maintain \$0 employee medical coverage** if they satisfy certain requirements.

Effective **July 1st, 2024** all medical plan tiers (employee only, employee + spouse, employee + children, and employee + family) will see a **\$34.60 per week** employee-contribution expense. However, all employees are also eligible for a **\$34.60 per week** premium credit if you enroll in the Leaf Home Wellness Program, complete an annual wellness exam, AND submit the physician completion form through our partner Prevention Cloud.

Participation & Requirements Information

1. Register through Prevention Cloud
 - a. Go to www.preventioncloud.com or download the PreventionCloud app
 - b. Username: **FIRSTNAMELASTNAMEBirthyear** (EX: JOHNSMITH1998)
 - i. Do not use spaces or symbols in your username
 - c. Password: **Birthdate (MMDDYYYY)**
 - d. Once logged in, you will be prompted to **change your password. You will then utilize your new password every time you log in.** If you forget your password, click on "forgot password" to reset
2. Complete the **required Physician Visit + Visit Packet** between **6/1/2023-5/31/2024**
3. Submit forms and activities by **May 31st, 2024**

Important Deadlines

Employees Hired Prior to March 1st, 2024 and Actively Enrolled in Medical Coverage:

Deadline to complete will be **May 31st, 2024.**

Employees Hired After March 1st, 2024 and Actively Enrolled in Medical Coverage:

Not subject to the program for the current plan year but will be subject to the program in years to come if they remain actively enrolled in medical coverage.

PRIVACY OF HEALTH

The wellness program is confidential and HIPAA compliant. Protected Health Information (PHI) collected through the Physician Visit Form and Health Risk Assessment is managed through a secure Health Management System and is only used to help determine your current health status and provide you with the most effective health improvement strategy. Policies and procedures are in place to properly safeguard and maintain the confidentiality of your PHI. PHI is only used as permitted in accordance with HIPAA laws. Your PHI will not be shared with Leaf Home.

If you have any other questions, please reach out to benefits@leafhome.com or Prevention Cloud at (877) 506-5885 or by e-mail support@preventioncloud.com.

For more detailed information and step by step instructions for submission, please visit [UKG](#) and navigate to the [Leaf Home Hub](#).

Your Health.



Dental

Routine dental care is essential to good health. Leaf Home provides you with the opportunity to purchase coverage through Delta Dental. All full-time employees are eligible for this coverage after completing 30 days of employment.

In- Network vs. Out-of-Network

Our partnership with Delta Dental is designed to provide the dental coverage you need with the features you want to best fit the needs of you and your family. **With dental coverage with Delta, enjoy the freedom to visit the dentist of your choice, whether that be in-network or out-of-network.** However, **costs may vary.** For the best savings, use a **Delta Dental Provider.** If you choose a dentist who does not participate in our dental plan, you will be responsible for paying any difference between the dentist’s fee and the plan’s payment for the approved service. In this case, **out-of-pocket expenses** may be more.

Be Prepared & Plan Ahead!

If dental work is required, plan ahead! **You can always request a pretreatment estimate from your dentist.** Your dentist will then contact Delta Dental to discuss your treatment plan, so you and your care provider can review your care and costs before committing to treatment. **This is a great way to provide peace of mind for both you and your wallet!**

Accessing Your Dental Benefits

Stay informed about your dental benefits with Delta’s **Member Portal!** Your Member Portal is your one-stop-shop for 24/7 access to your plan information. **Access details on coverage, claims, eligibility, and your digital member ID cards (as you will not be receiving physical cards) with the click of a button.** You can also use the Member Portal to **find a dental provider near you.**

- Visit <https://www.memberportal.com/mp/delta/> and click **Sign Up!**
 - You will need to provide the subscriber’s Member ID (SSN).
- Complete the required fields and follow the on-screen instructions.
- Select your own username and password to access the site.
- **You can also use the QR code below to download the Delta Dental app!**



Scan me to download the Delta Dental mobile app!



Additional dental questions? Contact Delta Dental directly at 800-534-0149 for live help Monday- Friday, 8:30am-8pm EST.

Summary of Dental Benefits

| YOUR DENTAL PLAN AT A GLANCE | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Out-of-Network |
|---|-----------------------------|------------------------------|-----------------------------|
| Annual Benefit Maximum – Per insured person | \$1,000 | \$1,000 | \$1,000 |
| Diagnostic & Preventive Maximum Annual Maximum Carryover | No | No | No |
| Orthodontic Lifetime Benefit Per eligible insured child | \$1,000 | \$1,000 | \$1,000 |
| Annual Deductible – Per insured person | \$50 | \$50 | \$50 |
| Family maximum | 3x single member deductible | 3x single member deductible | 3x single member deductible |

Your Health.



Dental

Summary of Dental Benefits (Continued)

| DENTAL PPO ALL EMPLOYEES | Delta Dental PPO Dentist (Delta Pays) | Delta Dental Premier Dentist (Delta Pays) | Out-of-Network |
|--|---|---|------------------|
| Diagnostic and Preventive Services Periodic oral exam Teeth cleaning (prophylaxis) | 100% coinsurance | 100% coinsurance | 100% coinsurance |
| Basic Services Amalgam (silver-colored) filling Front composite (tooth colored) filling | 80% coinsurance | 80% coinsurance | 80% coinsurance |
| Endodontics Root Canal | 50% coinsurance | 50% coinsurance | 50% coinsurance |
| Periodontics Scaling and root plane | 50% coinsurance | 50% coinsurance | 50% coinsurance |
| Oral Surgery Surgical extractions | 50% coinsurance | 50% coinsurance | 50% coinsurance |
| Major Services Crowns | 50% coinsurance | 50% coinsurance | 50% coinsurance |
| Prosthodontics Dentures Bridges Dental Implants (Covered) | 50% coinsurance | 50% coinsurance | 50% coinsurance |
| Prosthetic | 80% coinsurance | | 80% coinsurance |
| Orthodontic Services Dependent Children to 19 | 50% coinsurance | 50% coinsurance | 50% coinsurance |

Vision

Leaf Home offers vision insurance through Lincoln Financial Group (Spectera Provider Network) - to help you see your future with us in 20/20! All full-time employees are eligible for this benefit after completing 30 days of employment.

Summary of Vision Benefits

| Vision Benefits | In-Network | Out-of-Network |
|--|-----------------------|-----------------|
| Exam | | |
| • Benefit | \$10 copay | \$40 allowance |
| • Frequency | 12 months | 12 months |
| Lenses | | |
| • Single Vision | \$25 copay | \$40 allowance |
| • Bifocal | \$25 copay | \$60 allowance |
| • Trifocal | \$25 copay | \$80 allowance |
| • Frequency | 12 months | 12 months |
| Frames | | |
| • Benefit | \$130 allowance | \$45 allowance |
| • Frequency | 24 months | 24 months |
| Contact Lenses (in lieu of Lenses & Frames) | | |
| • Elective | 100% after \$25 copay | \$125 allowance |
| • Medically Necessary | 100% after \$25 copay | \$210 allowance |
| • Frequency | 12 months | 12 months |



Your Health.

Vision

Accessing Your Vision Benefits

Lincoln Vision Connect members can access plan information and helpful tools 24/7 by creating an online account! Not only can you **view and print your ID cards (as you will not receive physical cards)** in your online account, but you can also **review your benefits and be more informed on how to use them, find providers, understand which eyewear may be best for you, and discover discounts on contacts and Lasik.** Use the steps below to get started today!

Important Note: Members are supported through the Spectera Vision network. When visiting your eye care provider, let them know you are a Spectera customer to make the most of your in-network benefits and ensure out-of-pocket costs remain low.

- Visit LCV.LFG.com and select **Register Now**
- Enter your **subscriber ID (if known) OR utilize the last 4 digits of your SSN**
- Enter your personal and contact information (**this must match the enrollment on file including legal name, hyphens, etc.**)
- Choose your **unique username, password, and four-digit pin**
- Select **Create** to finalize account set up

Additional vision questions? Contact Lincoln directly at 800-440-8453 for live help Monday- Friday, 8:30am-8pm EST.

Voluntary Disability Insurance

Leaf Home offers Voluntary Short-Term and Long-Term Disability Insurance for you at a discounted group rate through Lincoln. Disability coverage provides compensation for missed pay should you need to be out of work due to an injury or illness, giving you financial peace of mind when you need it most. All full-time employees are eligible for this benefit after completing 30 days of employment.

Voluntary Short-Term Disability (VSTD)

Voluntary Short-Term Disability provides a **cash benefit** when you are out of work for **up to 13 weeks** due to **injury, illness, surgery, or post-partum recovery.**

| Benefit Type | Summary |
|-------------------------|--|
| Plan Elimination Period | Benefits payable after a period of 7 calendar days absent due to an injury or sickness |
| Weekly Benefit Amount | 60% of weekly salary, weekly maximum \$1,000 |
| Maximum Benefit Period | 13 weeks |

Voluntary Long-Term Disability (VLTD)

Voluntary Long-Term Disability provides a **cash benefit** when you are out of work for **90 days** or more due to **injury, illness, or surgery.**

| Benefit Type | Summary |
|-------------------------|--|
| Plan Elimination Period | 90 days |
| Monthly Benefit Amount | 60% of monthly earnings, up to \$6,000 |
| Maximum Benefit Period | Social Security normal retirement age |

Your Health.



Voluntary Disability Insurance

VSTD Rate & Premium Summary

| Age | Monthly Rate per \$10 of weekly benefit |
|----------|---|
| Under 25 | \$0.18 |
| 25-29 | \$0.18 |
| 30-34 | \$0.18 |
| 35-39 | \$0.18 |
| 40-44 | \$0.18 |
| 45-49 | \$0.22 |
| 50-54 | \$0.28 |
| 55-59 | \$0.40 |
| 60-64 | \$0.48 |
| 65-69 | \$0.52 |
| 70-74 | \$0.52 |
| Over 74 | \$0.52 |

VLTD Rate & Premium Summary

| Age | Monthly Rate per \$100 of covered payroll | Age | Monthly Rate per \$100 of covered payroll |
|----------|---|---------|---|
| Under 25 | \$0.09 | 50-54 | \$0.94 |
| 25-29 | \$0.09 | 55-59 | \$1.12 |
| 30-34 | \$0.20 | 60-64 | \$1.17 |
| 35-39 | \$0.27 | 65-69 | \$1.23 |
| 40-44 | \$0.47 | 70-74 | \$1.29 |
| 45-49 | \$0.74 | Over 74 | \$2.79 |

Disability - Pre-Existing Condition Rule + Claim Filing

If you have a medical condition that begins **before your coverage takes effect**, and receive treatment for this condition within the **3 months** leading up to your coverage start date, you will not be eligible for payable benefits for that condition until you have been covered on the plan for **12 months**. This applies to both Voluntary Short-Term and Long-Term Disability coverages.

For questions related to filing a disability claim and/or eligibility, please reach out to benefits@leafhome.com so that we may better review your situation and advise on next appropriately.

Please note that the claims process will be done online via Lincoln. Lincoln does review all claims and make all approval decisions directly on their end. This process is not held internally with Leaf.



Your Health.

Hospital Indemnity

Leaf Home offers Hospital Indemnity Coverage through Lincoln at a reduced group rate to provide peace of mind if you or a covered family member need to visit a hospital for an injury or illness. Hospital Indemnity provides a lump-sum cash benefit to help you take care of unexpected expenses - from deductibles to childcare to everyday bills. This coverage is guaranteed - no medical questions required to obtain! All full-time employees are eligible for this benefit after completing 30 days of employment.

| Core Hospital Benefits | Plan Benefit |
|--|--|
| Hospital admission | |
| For the initial day of admission to a hospital for treatment of a sickness/an injury | \$1,000 per day for one day per calendar year |
| Hospital confinement | |
| For each day of confinement in a hospital as a result of a sickness/an injury | \$200 per day for 30 days per calendar year starting on second day of confinement |
| Hospital intensive care unit (ICU) admission | |
| For the initial day of admission to an ICU for treatment as the result of a sickness/an injury | \$2,000 per day for one day per calendar year |
| Hospital ICU confinement | |
| For each full or partial day of confinement in an ICU as a result of a sickness/an injury | \$400 per day for 30 days per calendar year starting the second day of confinement |
| Complications of pregnancy | Included |

| Maternity Benefits | Plan Benefit |
|---|--|
| Newborn Care | |
| For each day of confinement to a hospital for routine post-natal care following birth | \$100 per day for two days per calendar year |

Weekly Hospital Indemnity Rates

| Employee | Employee + Spouse | Employee + Child(ren) | Family |
|----------|-------------------|-----------------------|---------|
| \$5.80 | \$12.69 | \$9.16 | \$16.75 |

Health Assessment Benefit - Hospital Indemnity

Receive a **cash benefit of \$50** every year that **you and any of your covered family** members complete a single **covered exam, screening, or immunization**.

For questions, contact Lincoln at **800-423-2765** and mention **ID 943032**



Your Health.

Supplemental Accident & Critical Illness

Accident Coverage

We do not expect accidents, and most of us do not plan or budget for them; but when they happen, the costs can be overwhelming, even with medical coverage. That is where accident protection can help. This plan pays out a cash benefit in one lump sum if you or a covered family member is injured because of an accident. You decide how to use the benefits to best support your recovery. All full-time employees are eligible for this benefit after completing 30 days of employment.

You can use accident coverage to help pay for:

- Out-of-pocket medical costs, such as ambulance fees, physical therapy, X-rays, or crutches.
- Daily expenses like rent, food, transportation or help around the house.

For a full list of covered injuries, payable amounts, and next steps for claim filing, please visit [UKG](#) and navigate to the [Leaf Home Hub](#).

Weekly Accident Rates

| Employee | Employee + Spouse | Employee + Child(ren) | Family |
|----------|-------------------|-----------------------|--------|
| \$1.65 | \$2.59 | \$2.73 | \$4.30 |

Critical Illness Coverage

When you have a critical illness, such as a heart attack or cancer, you want the best care. At times like these, you should not have to worry about how you are going to pay for it. Critical Illness coverage provides the added layer of security you want and need – a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member. All full-time employees are eligible for this benefit after completing 30 days of employment.

You can use the lump-sum payment to help pay for:

- Out-of-pocket medical costs, such as doctor bills, imaging, or rehab
- Daily expenses like rent, food, transportation, childcare or help around the house

Lincoln’s Critical Illness coverage provides benefits for heart attack, stroke, invasive cancer, major organ transplant and neurological conditions such as advanced Alzheimer’s and advanced Parkinson’s. The coverage pays for the first diagnosis of certain illnesses after your coverage becomes effective. It may also cover a new cancer diagnosis even with a previous cancer diagnosis.

For a full list of covered illnesses, payable amounts, and next steps for claim filing, please visit [UKG](#) and navigate to the [Leaf Home Hub](#).



Your Health.

Supplemental Accident & Critical Illness

Critical Illness Coverage

Weekly Critical Illness Rates

| Employee Age | Employee | Employee + Spouse | Employee + Child(ren) | Family |
|--------------|----------|-------------------|-----------------------|---------|
| 18-24 | \$0.70 | \$1.05 | \$0.97 | \$1.32 |
| 25-29 | \$0.93 | \$1.39 | \$1.20 | \$1.66 |
| 30-34 | \$1.17 | \$1.76 | \$1.44 | \$2.03 |
| 35-39 | \$1.48 | \$2.22 | \$1.75 | \$2.49 |
| 40-44 | \$2.01 | \$3.02 | \$2.28 | \$3.29 |
| 45-49 | \$2.60 | \$3.90 | \$2.87 | \$4.17 |
| 50-54 | \$3.56 | \$5.34 | \$3.83 | \$5.61 |
| 55-59 | \$4.83 | \$7.25 | \$5.10 | \$7.52 |
| 60-64 | \$6.84 | \$10.26 | \$7.11 | \$10.53 |
| 65-69 | \$9.42 | \$14.13 | \$9.69 | \$14.40 |
| 70+ | \$18.51 | \$27.77 | \$18.78 | \$28.04 |

Flexible Spending Accounts (FSA)

Did you know that you can set aside pre-tax funds to help cover out of pocket medical and dependent care expenses? Leaf Home offers two Flexible Spending Account (FSA) options to all full-time employees who have completed 30 days of service.

Healthcare Expense Account

The health account allows you to fund your out-of-pocket medical, dental and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save a minimum of \$.23 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions. Leaf Home allows a voluntary contribution of up to \$3,050 per plan year into your healthcare expense account. The plan year runs July 1 through June 30. The deadline to submit claims is September 30. Visit www.basiconline.com for more information and for reimbursement forms and procedures.

Effective for purchases on or after January 1, 2020, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies, and allergy medicines are now reimbursable from an FSA without a prescription. The CARES Act has added hundreds of menstrual products to the list of approved expenses as well, including tampons, pads, liners, cups, sponges, and similar items. Vitamins and supplements, however, will continue to require a physician’s prescription indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness. View a specified list of eligible items, direct from the IRS, [HERE](#).

Your Health.



Flexible Spending Accounts (FSA)

Dependent Care Account

This account allows you to fund the costs of dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to \$240 minimum and a maximum of \$5,000 each year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level. The plan year runs July 1 through June 30. Important Note: A qualified adult dependent must reside with the employee and use a valid adult day care center/provider.

What are the risks of FSA accounts?

Flexible Spending Accounts (FSAs) should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account. If you overestimate your Dependent Care expenses and have money left in the account at the end of the year, it will be forfeited. The IRS allows for Health FSA plans to rollover up to \$610 from year to year to prevent from losing unused funds. Please note that if less than \$610 is remaining, it will transfer over seamlessly 90 days into the following plan year. Funds remaining in FSA accounts upon termination will be forfeited, however you may choose to continue coverage for the Health FSA account via COBRA coverage. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.



Allstate Identity Theft Protection

Many know that they need to do something to protect their online security and privacy but don't know where to start. Look no further! Leaf Home offers Allstate Identity Protection Pro+ to deliver comprehensive financial and identity monitoring to help you protect yourself against the impact of identity theft. See your personal data, monitor it with rapid alerts, and help protect your identity. Added bonus? Rely on the plan's \$1,000,000.00 identity theft expense coverage if identity theft should occur. All full-time employees are eligible for this benefit after completing 30 days of employment.

Allstate Identity Protection Pro+ Includes:

- Allstate Digital Footprint
- Comprehensive identity and credit monitoring
- Dark web monitoring
- Financial Transaction Monitoring
- Social media monitoring
- Data breach notifications
- Remediation of pre-existing identity theft coverage at no additional cost
- Coverage available for family
- Full-service US - based remediation support
- Stolen fund reimbursement
- Tax fraud refund advance
- 401(k) and HSA reimbursement
- Up to \$1 million identity theft expense reimbursement

Monthly Identity Theft Protection Rates

| | |
|------------|-----------------|
| Individual | \$6.50 / Month |
| Family | \$12.50 / Month |

Questions on your account and usage? Contact Allstate directly at 1-800-789-2720

Metlife Legal Insurance

Leaf Home also offers a legal assistance plan via MetLife. With this plan, you'll have unlimited access to their attorneys for all legal matters covered under the plan. All full-time employees are eligible for this benefit after completing 30 days of employment. Coverage is available at \$16.75 per month which will be paid via weekly payroll deduction.

This cost includes coverage for you, your spouse, and your dependents. There are no waiting periods, deductibles, or claim forms when using a network attorney for a covered matter. For non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.



Metlife Legal Insurance

Covered Legal Matters

| | | | |
|-------------------------------|--|--|---|
| Money Matters | <ul style="list-style-type: none"> • Debt Collection Defense • Identity Management Services⁴ | <ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy | <ul style="list-style-type: none"> • Promissory Notes • Tax Audit Representation • Tax Collection Defense |
| Home & Real Estate | <ul style="list-style-type: none"> • Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure | <ul style="list-style-type: none"> • Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home | <ul style="list-style-type: none"> • Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications |
| Estate Planning | <ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies • Living Wills | <ul style="list-style-type: none"> • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) | <ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills |
| Family & Personal | <ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (10 hours) • Garnishment Defense • Guardianship • Immigration Assistance | <ul style="list-style-type: none"> • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection • Prenuptial Agreement | <ul style="list-style-type: none"> • Protection from Domestic Violence • Reproductive Assistance Law (20 hours)⁵ • Review of ANY Personal Legal Document • School Hearings |
| Civil Lawsuits | <ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense | <ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense | <ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance |
| Elder-Care Issues | Consultation & Document Review for your parents: <ul style="list-style-type: none"> • Deeds • Leases | <ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements | <ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills |
| Vehicle & Driving | <ul style="list-style-type: none"> • Defense of Traffic Tickets⁶ • Driving Privileges Restoration | <ul style="list-style-type: none"> • Habeas Corpus • License Suspension Due to DUI | <ul style="list-style-type: none"> • Repossession |

To learn more about your coverages and see attorney networks, create an account at www.legalplans.com or call 800-821-6400 Monday-Friday 8AM-8PM EST.

Childcare Discount - KinderCare

Did you know that you can get a 10% discount on childcare services, just by being a Leaf employee? Our partnership with KinderCare Learning Centers provides our working parents access to affordable childcare with safe, nurturing classrooms and experiences teachers at KinderCare Learning Centers nationwide. All employees are eligible to utilize this discount.

Already use a KinderCare Learning Center? No problem! Both new families, and those currently enrolled, are eligible to receive this discount.

Visit <https://kindercare.com/leafhome> today to find a center near you. To receive your discount, please present proof of employment to the Center Director





Your Life.

Holidays, PTO Plans, & LOA

| Benefit or Leave Type | Eligibility | Waiting Period | Description |
|------------------------------------|--|--|--|
| Exempt PTO | Full Time Exempt Employees | 90 Days | Flexible paid time off is as needed and as approved by a supervisor and may be used for unpaid leaves. |
| Non-Exempt PTO | Full-time and part-time non-exempt employees, other than retail marketers, event marketers, and canvassers | 90 Days | PTO is accrued in accordance with the policy below and may be used for unpaid leaves. |
| Paid Holidays | All full-time employees | None | Holidays are observed as outlined below. |
| Floating Holidays | Full-time exempt and non-exempt employees | 90 Days | Employees are eligible for 2 floating holidays as scheduled and approved by a supervisor. |
| Parental Leave | All Employees | 90 Days | Employees are eligible for 6 weeks paid bonding time for birthing and non-birthing parent and up to 6 additional weeks of unpaid time for birthing parent. |
| Military Leave | All Employees | None | Unpaid leave is governed by state and federal law. |
| Bereavement Leave | All Employees | 90 Days | Employees are eligible for 3 days of paid leave and additional unpaid leave as approved by a supervisor. |
| Family Medical Leave Action (FMLA) | Exempt & Non-exempt | 12 months and 1,250 hours in prior 12 months | Employees may be eligible for unpaid FMLA for a serious health condition, to care for a spouse, child, or parent with a serious health condition, or for the birth, adoption, or foster care of a child. |
| Jury Duty Leave | All Employees | None | Employees are eligible for unpaid leave, unless otherwise required by law. |
| Other Leave | All Employees | Case-by-case | The Company may provide additional unpaid leave on a case-by-case basis or as required by law. |



Your Life.

Holidays, PTO Plans, & Leaves

Additional Holiday Information

The organization's observed paid holidays are listed below for reference. For more detailed information on pay and observances, please review the employee handbook.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Additional Non-Exempt PTO Information

Accrued based on tenure as outlined below. For more information on use, please review the employee handbook.

- 90 days - less than 2 years of service **10 days**
- 2 - 4 years of service **15 days**
- 5+ years of service **20 days**

Additional Leave of Absence Information

Leave of absence approval may be based on eligibility criteria set internally, or at the local, state, or federal levels. If you are in need of a leave of absence, please reach out to the Benefits Team or your assigned HRBP to initiate the review of your eligibility.

Employee Assistance Program (EAP)

All employees and their household family members have access to our Employee Assistance Program (EAP), SupportLinc, free of charge. SupportLinc offers expert guidance to help address everyday issues and difficult life events.

Whether through the web portal or mobile app, you will have access to program services such as on-demand training to help boost your well-being and life balance, financial calculators, career resources, self-assessment tools, and more. SupportLinc also provides access to up to 5 in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse. Every conversation is 100% confidential, and support is provided through real, licensed counselors and professionals and no cost to you.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to five (5) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

To get started, call 1-888-881-5462, or log in to the [SupportLinc web portal](#) or eConnect® mobile app with group code: leafhome. Support is available 24/7, 365 days year. To learn more about the SupportLinc program, view a brief orientation video [HERE](#).



Your Future.

Employer Paid Life and AD&D

Leaf Home provides basic Life & AD&D via Lincoln for all eligible full-time employees after 30 days of employment. These policies are provided at no cost to you and are 100% employer paid.

| Benefit Type | Summary |
|----------------------------|--|
| Basic Life | \$25,000 Providing you are still employed; benefits are reduced to 65% at age 65 and to 50% at age 70 |
| AD&D | \$25,000 |
| Living Benefit | 75% of the \$25,000 could be claimed if terminally ill |
| Conversion | Included |
| Eligibility of Coverage | All active employees regularly working a minimum of 32 Hours per Week |
| Eligibility Waiting Period | 30 days of Active Employment |
| Benefit Waiting Period | Before collecting STD benefits, you must satisfy the benefit waiting period following your date of hire |

Voluntary Life Insurance

All eligible full-time employees also have the option to purchase Voluntary Life coverage for themselves and eligible dependents (spouses & children) after 30 days of employment at a discounted group rate. This coverage will provide payable benefits in the event of death.

If you are enrolled in this coverage, Lincoln will also allow you to increase your coverage amount by up to two levels annually during open enrollment without an evidence of insurability document (EOI) should coverage remain below guaranteed issue amount.

| Benefit Type | Summary |
|-------------------------|---|
| Voluntary Life | Employees: Increments of \$10,000 up to \$200,000 or 5 x your annual income Spouses: Increments of \$5,000 up to \$100,000 or 50% of the employee benefit Children: Increments of \$5,000 up to \$15,000 or 50% of the employee benefit Providing you are still employed; benefits are reduced to 65% at age 65 and to 50% at age 70 |
| Living Benefit | 75% of the benefit could be claimed if terminally ill |
| Waiver of Premium | Premiums can be waived for employees who become totally disabled before age 60 |
| Portability | Included |
| Eligibility of Coverage | All active employees regularly working a minimum of 32 Hours per Week |
| Eligible Waiting Period | 30 days of Active Employment |
| Guarantee Issue | Employees: \$150,000 Spouses: \$30,000 Children: \$15,000 |



Your Future.

Voluntary Life Insurance

Voluntary Life Insurance Rates

| Employee Age | Monthly Cost per \$1,000 |
|-----------------------|--------------------------|
| Under 30 | \$0.072 |
| 30-34 | \$0.081 |
| 35-39 | \$0.117 |
| 40-44 | \$0.180 |
| 45-49 | \$0.279 |
| 50-54 | \$0.441 |
| 55-59 | \$0.702 |
| 60-64 | \$1.017 |
| 65-69 | \$1.728 |
| 70-74 | \$3.897 |
| Over 74 | \$3.897 |
| Composite Child rate: | \$0.114 |

Retirement Benefits - 401(k)

All employees, regardless of full-time or part-time status, are eligible to participate in our 401(k) plan with TransAmerica after reaching 90 days of employment. All employees will be auto enrolled into the plan at a contribution rate of 6% effective the first pay of the first month after reaching 90 days of employment.

Leaf Home will also **match 10% of your weekly contribution amount**, up to annual IRS contribution limits, when you enroll. For example, if you contribute \$100 per week, Leaf will then match that at \$10. **Employees will be fully vested after 3 years of employment.**

If you'd like to opt out, or make any changes to your account, you will need to visit the [TransAmerica website](#) directly to do so. If this is your first time accessing, you'll need to click "Create an Account".

Please note that the IRS directly sets limitations and rules for 401(k) plans annually.

Scan me to view
2023 IRS limitations!



Scan me to view
2024 IRS limitations!



Your Future.



Financial Wellness

Ellsworth Advisors

Did you know that all employees have access to free financial planning and investment advising? Ellsworth Advisors can help with questions on your 401(k) like investment options, rollovers, loans, withdrawals, and more! They can also help you on your personal path to financial wellness with financial planning, investment management, tax advice, and estate planning.

If you'd like to learn more on how to set yourself up for financial success, and better prepare for your future, please reach out to Ellsworth Advisor's **Chris Ameen** at cameen@ellsworthadvisors.com or call **234-901-2837**.



Your Dedicated Ellsworth
Advisors Participant
Services Contact:



Christopher G. Ameen, Sr., CRPC®
Vice President

TransAmerica - Education Center

When you are an active participant of our 401(k) plan, you also have access to TransAmerica's free education center!

TransAmerica's online Education Center has tons of free opportunities for you to learn more about your investment opportunities, financial wellness, and retirement preparation. Whether you're looking for a quick read article, or would be interested in sitting in on a webinar, there are opportunities and information available for you!

To learn more, please visit the [TransAmerica website](#) and log into your account. Once in your account, navigate to the "**Resources**" tab at the top of the screen and click "**Education Center**".

If you have not yet set up your TransAmerica account, instructions for how to do so can be found in [UKG](#) by navigating to the [Leaf Home Hub](#).

For questions regarding your TransAmerica account or for help registering for the first time, please contact TransAmerica directly at **866-498-4557**.

Your Perks.



Uber for Business

Leaf Home is excited to partner with Uber to bring you an exciting discount on your daily office commute! Leaf will pick up 7% of your trip fare when you use Uber for your daily commute. Please note: This benefit should ONLY be used for your daily commute to and from your office location. This benefit should not be used for personal trips or business trips.

Please contact benefits@leafhome.com if you have not yet received an invite from Uber to sign up, or if you have additional questions on how to create and use your Uber for Business account.



BenefitHub - Exclusive Discounts

Did you know that as a Leaf employee, you have access to thousands of amazing discounts that you cannot find anywhere else? BenefitHub is an employee discount marketplace that offers great deals on brands you love. From exclusive gift and travel discounts to deals on services you may already use – BenefitHub is your one-stop-shop for saving money on things you value most.

It's easy to access and start saving:

1. Go to www.leafhome.benefitHub.com
2. Enter Referral Code: **M9EJ3J**
3. Complete Registration!

Questions? Contact BenefitHub at 1-866-664-4621 or email customerCare@benefithub.com.



Your Perks.



Embrace Pet Insurance

Leaf Home also offers an opportunity for you to obtain coverage for your four-legged friends with Embrace Pet Insurance! Get a quote quickly and get discounted rates through the Leaf Home partnership with Embrace – 10% off for being a Leaf Home employee, an additional 5% off if you're military and an additional 10% if you cover multiple pets. Your policy includes coverage for every accident, illness, and condition, plus the diagnostic exam fees, treatments, and ongoing care – just not coverage for pre-existing conditions.



Illnesses & Conditions

From a tiny bout of tummy trouble to a more serious chronic condition, we cover any illness that isn't pre-existing.



Accidents & Injuries

Whether your furry friend breaks a bone or swallows something they shouldn't, all your "ruh-roh" moments are covered.



Dental Accidents & Illnesses

Smile – you're covered. Our top-rated dental coverage includes tooth repair, extractions, and treatment up to \$1,000 per policy year for disease and more.



Vet Visit Fees

Whether it's emergency care or a specialist appointment, we cover the fees for any vet visit related to illness or injury.



Tests, Procedures, & Treatments

Big or small, rest assured that every last test, surgery, and remedy needed to diagnose and treat your pet is covered.



All the Follow-Up Care

Prescriptions, pain management, and physical therapy are all covered, including both one-time needs and ongoing treatment.

Gym Reimbursement - Active & Fit Direct

For those medically enrolled, you have the option to participate in our Gym Reimbursement Program! This program is directly administered by Anthem and you must be enrolled in medical benefits in order to participate.

Eligibility Criteria:

- You must be enrolled in our medical insurance.
- You must work out 35 times in each six-month period concurrent with the benefit plan year (July 1st - June 20th annually).
- Your on-site or at home fitness membership must be considered "qualified" by Anthem.

After each six-month period, our when you have completed your 35 workouts for that six-month period, you can get reimbursed for your gym membership costs up to \$300 for the plan year.

More information can be found on www.anthem.com > My Health Dashboard > Programs





Hudson Field Support Center Exclusives

Our Hudson Field Support Center employees can take advantage of several exclusive local perks. More details can be found below!

Evolve Fitness

Unlimited, FREE workouts at Evolve Fitness! Located right on Georgetown Road, Evolve is perfect for a workout before or after work, or during your lunch break. All classes are 100% employer paid for our employees - so visit as much or as little as you want at **no cost to you!** Sign up for a class [HERE](#). To view a full class schedule please visit [UKG](#) and navigate to the [Leaf Home Hub](#).

Cycle Bar - Hudson

Enjoy your first ride for free at Cycle Bar in Hudson! **You'll also receive 25% off of any membership package.** The unlimited membership package also earns a VIP partner discount card for discounts at area businesses. Just mention you are a Leaf employee when purchasing! Learn more about Cycle Bar [HERE](#).

Yoga Lounge & Barre

Receive a **20% off discount on all class packages and unlimited memberships** with Yoga Lounge & Barre - Hudson. Just mention that you are a Leaf employee when purchasing! Learn more about Yoga Lounge & Barre [HERE](#).

LifeCenter Plus

Enjoy a **free one-week trial pass** for LifeCenter Plus! If you choose to continue attending, enjoy a **discounted monthly membership rate of \$55 per month.** Just mention you are a Leaf employee when visiting + purchasing! Learn more about LifeCenter Plus [HERE](#).

HarvestOwl

Enjoy **lunch delivery right to the office two times per week** with HarvestOwl! With a menu that changes every week, and meal options that are good for your taste buds and your health, you won't be disappointed! **Leaf contributes \$8 per lunch, making your cost approximately \$5 per lunch.** Plus, new users can enjoy a **free trial lunch AND \$50 credit when you sign up.** Order your free sample lunch [HERE](#).

Rocket Mortgage Fieldhouse

Our partnership with Rocket Mortgage Fieldhouse provides you with **exclusive ticket discounts** to some of the most highly sought after area events! Sporting event, concerts, Disney on Ice, Ringling Bros Circus AND MORE are just some of the events you can plan on attending at a discounted rate. Visit [THIS LINK](#) and enter access code **LEAF22** to see available offers!



Important Carrier Contacts.

| | | |
|--------------------|--|--|
| Medical | Anthem BC&BS Group Number: W40280 | www.Anthem.com 800-552-9159 |
| Dental | Delta Dental Group Number: 10912 | www.deltadentaloh.com 800-524-0149 |
| Vision | Lincoln Financial Group Group Number: 943034 | www.LVC.LFG.com 800-423-2765 |
| Life and AD&D | Lincoln Financial Group Group Number: 943034 | www.LFG.com 800-423-2765 |
| VSTD & VLTD | Lincoln Financial Group Group Number: 943034 | www.LFG.com 800-423-2765 |
| FSA | BASIC NEO | www.basiconline.com 800-775-3539 |
| CI, Accident, & HI | Lincoln Financial Group Group Number: 943034 | www.LFG.com 800-423-2765 |
| EAP | SupportLinc | www.supportlinc.com 888-881-5462 |
| Identity Theft | Allstate | www.MYAIP.com 800-789-2720 |
| Legal Insurance | MetLife Legal | www.legalplans.com 800-921-6400 |
| 401(k) | TransAmerica | www.TransAmerica.com 866-498-457 |



Important Internal Contacts.

Did you know that you can access internal information 24/75, 365 days a year within UKG?

The Leaf Home Hub, our HR Service Delivery (HRSD) platform, gives you the ability to access company information and articles whenever you need it the most. The Leaf Home Hub contains company news and information, access to company policies, and self service benefits information with the click of a button.

Not sure what you're looking for, or which HR contact would be best to answer your questions? Submit an HR request and get connected to the right person the first time with prompt response times!

Still need help? Contact our Benefits or HR teams via email and we'll be happy to point you in the right direction!

| | |
|---------------------------------------|---|
| <p>Leaf Home Hub (HRSD)</p> | <p>To access, log into UKG and navigate to Menu > Leaf Home Hub.</p> |
| <p>Leaf Home Benefits Team</p> | <p>benefits@leafhome.com</p> |
| <p>Leaf Home HR Team</p> | <p>HR@leafhome.com</p> |

Leaf Home

Important Legal Notices



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 11 for more details.

Important Legal Notices Affecting Your Health Plan Coverage

IMPORTANT LEGAL NOTICES AFFECTING YOUR HEALTH PLAN COVERAGE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$1,000 / \$2,000, 80%.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$156 per day (up to a \$1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Nicole Spisak
330-655-7108
nspisak@leaffhome.com

INITIAL COBRA NOTICE

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
 - Your spouse's hours of employment are reduced;
 - Your spouse's employment ends for any reason other than his or her gross misconduct;
 - Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
 - You become divorced or legally separated from your spouse.
-

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becomes entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Sandy Manjura at 330-655-8765.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at

www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. For more information about the Marketplace, visit <http://www.HealthCare.gov>.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee
-

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
 - Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we never share your information unless you give us written permission:
-

Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration. Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
-

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: <https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

July 1, 2021

Nicole Spisak

330-655-7108

nspisak@leafhome.com

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

| | |
|--|---|
| ALABAMA – Medicaid | ALASKA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| ARKANSAS – Medicaid | CALIFORNIA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | FLORIDA – Medicaid |
| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|--|--|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2 | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584 |
| IOWA – Medicaid and CHIP (Hawki) | KANSAS – Medicaid |
| Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660 |
| KENTUCKY – Medicaid | LOUISIANA – Medicaid |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| MAINE – Medicaid | MASSACHUSETTS – Medicaid and CHIP |
| Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com |
| MINNESOTA – Medicaid | MISSOURI – Medicaid |
| Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 |
| MONTANA – Medicaid | NEBRASKA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |

| | |
|--|--|
| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
| Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 |
| NEW JERSEY – Medicaid and CHIP | NEW YORK – Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| NORTH CAROLINA – Medicaid | NORTH DAKOTA – Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825 |
| OKLAHOMA – Medicaid and CHIP | OREGON – Medicaid |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075 |
| PENNSYLVANIA – Medicaid and CHIP | RHODE ISLAND – Medicaid and CHIP |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) |
| SOUTH CAROLINA – Medicaid | SOUTH DAKOTA - Medicaid |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |
| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
| Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493 | Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 |
| VERMONT– Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid | WEST VIRGINIA – Medicaid and CHIP |
| Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |

| WISCONSIN – Medicaid and CHIP | WYOMING – Medicaid |
|--|--|
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|----------------------|
| 3. Employer name Leaf Home | 4. Employer Identification Number (EIN) 26-4198045 | |
| 5. Employer address 1595 Georgetown Rd. | 6. Employer phone number 800-290-6106 | |
| 7. City Hudson | 8. State OH | 9. ZIP code 44236 |
| 10. Who can we contact about employee health coverage at this job? Nicole Spisak | | |
| 11. Phone number (if different from above) | 12. Email address benefits@leafhome.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:

- Some employees. Eligible employees are:

Full-time employees after completing 30 days of employment

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:

Legal spouses not eligible/offered coverage elsewhere, legal children

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)